

Early Enrollment Membership Form*

Only first-time Active members are eligible for early enrollment

MEMBERSHIP INFORMATION (PLEASE PRINT)

Mr. Mrs. Ms. Miss Dr.

First Name: _____ Middle: _____ Last: _____

Street Address: _____

City: _____ State: _____ Zip: _____ Last 4 SSN: _____

Cell Phone: _____ Personal Email (non-work): _____

Position: _____ Subject (if applicable): _____

Local Association: _____ Employee ID#: _____

Date of Birth**: _____ Ethnicity: _____ Gender: M F

INITIALS _____ By providing my phone number, I understand that the Georgia Association of Educators and its affiliates, including the NEA, may use automated calling techniques, prerecorded calls, and/or may text me on my phone on a periodic basis. The Georgia Association of Educators and its affiliates will never charge for text message alerts. Carrier message and data rates may apply to such alerts.

DATE _____ Note—Individuals may revoke this consent at any time, and their revocation must be honored. Violations carry stiff penalties enforced by FCC.

**Date of birth and ethnicity are optional and not a requirement of membership.

Dues payments are not deductible as charitable contributions for federal income tax purposes. Dues payments (or a portion) may be deductible as a miscellaneous itemized deduction.

SCHOOL DISTRICT AND SCHOOL INFORMATION

District: _____

School or Worksite: _____

PAYMENT METHOD (Check preferred method)

Cash/Check Credit Card/** EFT**** Payroll Deduction

EARLY ENROLLMENT DISCLAIMER: As a participant in the local association/Georgia Association of Educators/National Education Association Early Enrollment Membership Incentive Plan, I am eligible to receive—prior to September 1, 2021, but in no event before April 1, 2021—benefits under the NEA Educators Employment Liability (EEL) Program, as well as access to select NEA Member Benefits programs. As a condition of eligibility for these benefits, I agree to pay the appropriate unified **Active** membership dues for the 2021-2022 membership year in accordance with established payment procedures. I understand my obligation to pay that annual dues obligation continues, regardless of my membership status, and that if I fail to pay those amounts, my eligibility to receive benefits under the NEA EEL Program shall immediately terminate. In addition, I shall become liable for the cost of any benefits that were provided to me under the NEA EEL Program prior to September 1, 2021.

I hereby apply for continuous membership in GAE/NEA and the local association (if available). I understand that I have signed a binding contract to pay total annual dues for the 2021-2022 membership year and each year thereafter. I may revoke this authorization only by written notification to GAE, my local association, and employer (if applicable) by September 30 of each year.

Member Signature: _____ Date: _____

Association Representative: _____ Date: _____

CHANGE OF ASSOCIATION

If you presently pay dues to another association by payroll deduction and wish to change your membership, please notify your payroll office directly prior to the start of the 2021-2022 school year.

GAE MEMBERSHIP CATEGORIES

(Please select the applicable code)

- Active Professional Full-time AC-1-100
 Active ESP Full-time AC-2-100

PROPOSED NEA/GAE MEMBERSHIP CATEGORIES AND DUES

(NOTE: these dues amounts are subject to change and are pending final approval of the NEA and/or the GAE Representative Assemblies)

	Active Professional Certified Full-time	Active ESP Full-time
NEA Dues	\$202.00	\$121.50
GAE Dues	\$318.00	\$159.00
Local Dues	\$	\$
Total	\$	\$